Arizona Dept. of Health Services/ Office of Program Support

Tidbits

Arizona Department of Health Services

January 2009

OPS Tidbits is a monthly publication of the Arizona Department of Health Services, Office of Program Support
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OPS Mailbox

Contractors must send in all inquiries to OPS' email box at ops@azdhs.gov. However, it is not necessary to ***copy*** others when submitting questions to this mailbox. The OPS mailbox will forward the email to the appropriate OPS Representative(s).

Please make a note that Contractors should not contact the OPS Representatives directly, any and all requests should be sent to ops@azdhs.gov and ***copy*** only your internal staff. In turn, the request/email will be forwarded on to the appropriate individual(s).

Contractors' Deliverables

Del/Dup Files. All on-line corrections and void transactions must be completed in the CIS system by noon on January 5, 2009. It is important that OPS is notified, via OPS mailbox, when the file is placed on the FTP Server.

Encounter Reconciliation Log (formerly Override/Deletion Log). The next Encounter Reconciliation Log is due to OPS on or before COB January 30, 2009. Requests for the log will be sent out one week prior to the quarter end. It is important that OPS is notified, via OPS mailbox, when the Log is placed on the FTP Server.

Check Register Review 2nd Qtr FY09. Contractors will be receiving a request for check registers for the Check Register Review for 2nd Qtr FY09. These requests will be sent out via email on January 2, 2009 with a due date of January 16, 2009. Contractors must be reminded that screen prints from their system will no longer be accepted for omissions.

Intakes without Encounters. Contractors must ensure that they are cleaning up the intakes without encounters; the numbers are rising. This report is located on the RBHA FTP folder every Monday.

Claims Dashboard. The next Claims Dashboard is due to OPS from the RBHAs on or before COB January 15, 2009. The next Claims Dashboard is due to OPS from the CRS Site on or before COB on January 10, 2009. Please submit to ops@azdhs.gov. This deliverable is a *quarterly* report for RBHAs and a *monthly* report for CRS Site (due to OPS by the 10th of each month).

If an extension is required, a request must be submitted to ops@azdhs.gov prior to the due date.

Encounter File Processing Schedule Jan 2009 – Mar 2009

FTP Processing Activities Contractor Submission Deadlines:	Jan 2009	Feb 2009	March 2009
1. Deadline for New Day Encounter File Submission to ADHS-12:00 PM	Wed 12/31/08	Fri 01/30/09	Fri 02/27/09
2. Deadline for corrected Pend Encounters–12:00 PM	Mon 01/05/09	Mon 02/02/09	Mon 03/02/09
3. New Day and Corrected Pends due to AHCCCS-12:00 PM	Tue 01/06/09	Tue 02/03/09	Tue 03/03/09
AHCCCS Processing			
Files available from AHCCCS-5:00 PM	Fri 01/16/09	Fri 02/13/09	Fri 03/13/09
Pended & Adjudicated Encounters Available to Regional Contractors by 5:00 PM	Mon 01/19/09	Mon 02/16/09	Mon 03/16/09

Note: Any date change on the part of AHCCCS will result in a ADHS date change.

Coding Q & A

Billing case management for sending emails is an allowable service provided that the client gives permission to do so and a copy of the email is present in the chart. Many providers are now switching to electronic medical records (EMC) without having paper copies. In this case, how would the pro-

vider encounter the case management and show proof of the email?

The best way to handle this situation is to copy and paste the email onto the electronic progress note.

Some providers have been inquiring about or have encountered intake services such as completing financial screenings as Case Management services. Most of these services are completed by non-professional staff, generally those qualifying as a Behavioral Health Paraprofessional status. ADHS/DBHS Data Validation Staff has indicated that this type of service cannot be encountered as Case Management as it is part of the Administrative cost of doing business. However, Provider Manual Section 3.9 *Intake, Assessment and Service Planning* has language that can be interpreted differently. Please clarify.

DBHS' position is that intake services such as completing financial screenings are part of the administrative cost of doing business and cannot be encountered as case management. DBHS will soon issue a new version of PM Section 3.3 that does not include the problematic language regarding allowable service codes to be used in association with the intake.

We are looking qualitatively at our intake/assessment process and previous trainings which indicate the need for multiple assessment activities over the 45 day time period to complete the ADHS Comprehensive Assessment. We are concerned about whether or not it would be problematic to bill multiple assessment codes over that time period. For example, If the client came in for the first appointment and we completed the Core Assessment and then came in on two additional dates over the next 45 days on which addenda and the CASSI might be completed. In all, we would have three or more H0031 billings. Is this acceptable? Secondly, how do you distinguish using codes H0031 and H0002?

It is not the expectation that the behavioral health assessment be completed during one visit, so billing H0031 for more than one service visit would be acceptable. ADHS/DBHS is in the process of revising policies, which will clarify the expectations for using service code H0002. Service code H0002 has been associated with the intake process and screenings conducted for TXIX/XXI eligibility or co-pay assessments. However, these functions are administrative procedures and do not meet the definition of a medically necessary covered behavioral health service. Service code H0002 is applicable to screening.

When a counseling session is performed with siblings who are enrolled members, and their parents, can one client be billed, if that counseling session is only directed toward the treatment of one of the enrolled siblings?

Yes. This scenario may be billed as family counseling for one of the siblings. However, there should be documentation of this family counseling session in the charts of the other two siblings with an indication that this service was billed under the treated sibling.

Can physicians bill for a Child Family Team (CFT)?

Yes, but only in certain circumstances. In order for physicians to bill for the CFT, the CFT must include face-to-face participation by a minimum of three qualified health care professionals from different specialties or disciplines (each of whom provide direct care to the patient), with or without the presence of the patient, family member(s), community agencies, surrogate decision maker(s) (e.g. legal guardian), and/or caregiver(s). The participants are actively involved in the development, revision, coordination, and implementation of health care services needed by the patient. Reporting participants shall have performed face-to-face evaluations or treatments of the patient, independent of any team conference, within the previous 60 days. The client must also not be present at the CFT and the CFT for the single client must last at least 30 minutes. If all of these criteria are met, then code 99367 should be utilized and may only be utilized by a physician.

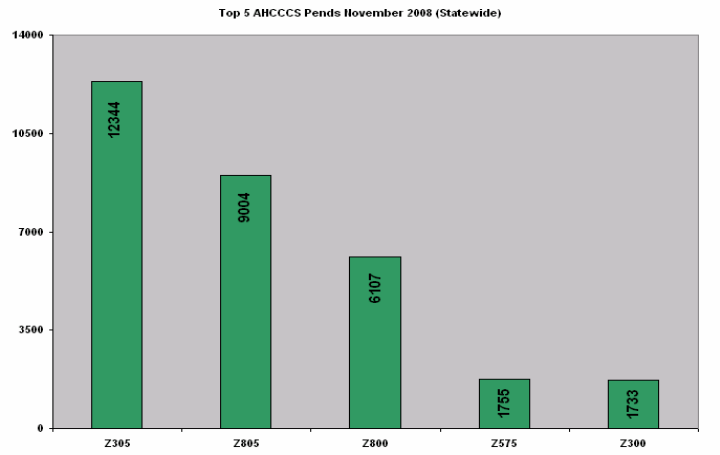
Reminders:

- Odometer start and end miles will be a new requirement in the next Covered Services Guide revision which will be published January.

- Start and end times on all progress notes will be a new requirement in the next Covered Services Guide revision in January.

OPS Pend Corner

Z575 Pends:
Per an AHCCCS communication e-mail dated 12/18/2008; Edit Z645 (Near Dup Found-Provider Not Matched, Dates Overlap, Different Plans) has been placed on the batch override table for the health plans to override.



1. Z305 (DOS Overlap) – OPS has instructed all RBHAs to submit these errors on the monthly DELDUP file with the A001 override flag.
2. Z805 (Exact Dup from Diff HPs: NCPDP) – OPS is advising the RBHAs to contact the other Health Plans that their encounter is pending against to work out these pend errors.
3. Z300 (Exact Duplicate: CMS) – Access PMMIS screen EC270C to identify the encounter that the pended encounter is duping against. Verify that the Provider, member ID, DOS, Procedure Code and Modifier are an exact duplicate to the CRN found in PMMIS. If the encounter has been submitted twice void the pended encounter.
4. P330 (Provider Not Eligible for Category of Service on Service Date) – Access PMMIS screen PR035 and enter the provider's six digit AHCCCS Provider ID to identify if the provider is eligible for the Category of Service in question. If not eligible, the RBHA may either void the encounter or have the provider contact AHCCCS Provider Registration if it is believed that the provider should be eligible.
5. N025 (Drug Not Available on DOS) – Access PMMIS screen RF319 and enter the NDC Code to identify if it is valid at AHCCCS. If the NDC code is unavailable for the dates of service on the encounter, the RBHA should void the encounter.

It is OPS' hope that this information can be used in the ongoing effort to correct AHCCCS pends. Please contact the Office of Program Support at OPS@azdhs.gov if further clarification is necessary.

PMMIS Changes

Ambulatory Surgical Center (ASC)
Effective for dates of service on or after December 31, 2008, the following CPT codes are no longer available for provider type 43 (Ambulatory Surgical Center) and provider type 24 (Ambulatory Surgical Center).

- 0027T Endoscopic lysis of epidural adhesions with direct visualization using mechanical means (eg, spinal endoscopic catheter system) or solution injection (eg, normal saline) including radiologic localization and epidurography)
- 46934 Destruction of hemorrhoids, any method; internal
- 46935 Destruction of hemorrhoids, any method; external
- 46936 Destruction of hemorrhoids, any method; internal and external
- 52606 Transurethral fulguration for postoperative bleeding occurring after the usual follow-up time
- 52612 Transurethral resection of prostate; first stage of two-stage resection (partial resection)
- 52614 Transurethral resection of prostate; second stage of two-stage resection (resection completed)
- 52620 Transurethral resection; of residual obstructive tissue after 90 days postoperative
- 53853 Transurethral destruction of prostate tissue; by water-induced thermotherapy

Effective for dates of service on or after December 31, 2008, the following CPT codes have been end dated for Place of Service 24 (Ambulatory Surgical Center).

- 0027T Endoscopic lysis of epidural adhesions with direct visualization using mechanical means (eg, spinal endoscopic catheter system) or solution injection (eg, normal saline) including radiologic localization and epidurography)
- 46934 Destruction of hemorrhoids, any method; internal
- 46935 Destruction of hemorrhoids, any method; external
- 46936 Destruction of hemorrhoids, any method; internal and external
- 52606 Transurethral fulguration for postoperative bleeding occurring after the usual follow-up time
- 52612 Transurethral resection of prostate; first stage of two-stage resection (partial resection)
- 52614 Transurethral resection of prostate; second stage of two-stage resection (resection completed)
- 52620 Transurethral resection; of residual obstructive tissue after 90 days postoperative
- 53853 Transurethral destruction of prostate tissue; by water-induced thermotherapy
- 0031T Speculoscopy
- 0032T Speculoscopy; with directed sampling
- 0046T Catheter lavage of a mammary duct(s) for collection of cytology specimen(s), in high risk individuals (gail risk scoring or prior personal history of breast cancer), each breast; single duct.
- 0047T Catheter lavage of a mammary duct(s) for collection of cytology specimen(s), in high risk individuals (gail risk scoring or prior personal history of breast cancer), each breast; each additional duct.
- 0062T Percutaneous intradiscal annuloplasty, any method except electrothermal, unilateral or bilateral including fluoroscopic guidance; single level.
- 0063T Percutaneous intradiscal annuloplasty, any method except electrothermal, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (list separately in addition to 0062t for primary procedure).
- 0088T Submucosal radiofrequency tissue volume reduction of tongue base, one or more sites, per session (ie, for treatment of obstructive sleep apnea syndrome).
- 0137T Biopsy, prostate, needle, saturation sampling for prostate mapping
- 20986 Computer-assisted surgical navigational procedure for musculoskeletal procedures; with image guidance based on intraoperatively obtained images (eg, fluoroscopy, ultrasound) (list separately in addition to code for primary procedure)
- 20987 Computer-assisted surgical navigational procedure for musculoskeletal procedures; with image guidance based on preoperative images (list separately in addition to code for primary procedure)
- 22526 Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level
- 22527 Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; one or more additional levels (list separately in addition to code for primary procedure)

Revenue Code Changes

Effective for dates of service on or after October 1, 2008, the Revenue Code 0921 (Perivascular Lab) has been added to the CPT code 93721 (Plethysmography, Total Body; Tracing Only, Without Interpretation and Report).

Effective for dates of service on or after January 1, 2008, the following Revenue Code 0483 (Echocardiology) has been added to the HCPCS codes listed below.

- C8921 Transthoracic echocardiography with contrast for congenital cardiac anomalies; complete
- C8922 Transthoracictransthoracic echocardiography with contrast for congenital cardiac anomalies; follow-up or limited study
- C8923 Transthoracictransthoracic echocardiography with contrast, real-time with image documentation (2D) with or without m-mode recording; complete

- C8924 Transthoracic echocardiography with contrast, real-time with image documentation (2D) with or without m-mode recording; follow-up or limited study
- C8925 Transesophageal transesophageal echocardiography (TEE) with contrast, real time with image documentation (2D) (with or without m-mode recording); including probe placement, image acquisition, interpretation and report
- C8926 Transesophageal transesophageal echocardiography (TEE) with contrast for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report
- C8927 Transesophageal transesophageal echocardiography (TEE) with contrast for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis

Place of Service (POS) Effective for dates of service on or after June 1, 2008 the POS 12 (Home) has been added to the HCPCS code E1815 (Dynamic Adjustable Ankle Extension/Flexion Device, Includes Soft Interface Material).

Indicator The gender edit "F" female has been removed for the Diagnosis code 599.72 (Microscopic Hematuria).

Modifier Changes

Modifier 21 End-dated:

- Effective for dates of service on or after December 31, 2008 the modifier 21 (prolonged E&M services) has been end dated. Appendix A in the CPT 2009 book states "modifier 21 has been deleted. To report prolonged physician services, see: 99354-99357."

Modifier 50 Added:

- Effective for dates of service on or after December 1, 2006 the modifier 50 (Bilateral procedure) has been added to the CPT code 73700 (Computed tomography, lower extremity; without contrast material).

Modifier Q6:

- Effective for dates of service on or after January 1, 2006, the CPT Code 90649 (Human Papilloma Virus (HPV) Vaccine, Types 6, 11, 16, 18 (Quadrivalent), 3 Dose Schedule, For Intramuscular Use) can report the modifier Q6 (Locum Tenens).

Age & Limit Change(s)

HCPCS Code L1620:

- Effective for dates of service on or after December 2, 2008, the maximum age has been removed for the HCPCS code L1620 (HO, abduction control of hip joints, flexible, (Pavlik harness), prefabricated, includes fitting and adjustment)) and the frequency limit has been changed to 3 months.

Provider Type (PT)

Effective for dates of service January 1, 1997:

- Provider Type 10 (Podiatrist) can report CPT Code 27788 (Closed Treatment Of Distal Fibular Fracture (Lateral Malleolus); With Manipulation)).
- Provider Type 16 (Chiropractor) can report 97014 (Application Of A Modality To One Or More Areas; Electrical Stimulation (Unattended).

Coverage Code

CPT Code 92508:

- Effective for dates of service on or after January 1, 2006 the CPT Code 92508 (Treatment of Speech, Language, Voice, Communication, And/Or Auditory Processing Disorder; Group, 2 Or More Individuals) has an AHCCCS Coverage Code of 01 (Covered Service/Code Available).

PMMIS Client Reference Screens

The following screens are useful for researching client information in the AHCCCS/PMMIS database:

RP290 – Name Search

An inquiry screen to find client if no AHCCCS ID number is available. An "*****" may be used in the last name field as a wild card, e.g. SMITH will return all clients who have the last name of SMITH but SMITH* will return SMITH, SMITH JR, SMITHFIELD, etc.

RP135H – Demographic History

A record of client name, DOB and gender changes made to the clients AHCCCS record.

RP150 – Medicare Coverage

A record of client's Medicare coverage including coverage begin dates and end dates, dates coverage was added and last modified.

RP155 - Third Party Coverage Summary

A record of client's non-Medicare insurance coverage including coverage begin dates and end dates. Coverage detail may be viewed by entering an "S" to the left of the summary line and hitting enter.

What is MyAHCCCS Online?

MyAHCCCS allows AHCCCS members to view their own active healthcare and health plan enrollment for the following services:

- AHCCCS
- KidsCare
- Medicare
- Part D
- Behavioral Health
- Other Medical Insurance

AHCCCS members may also:

- View a two-year history of eligibility and enrollment information for the same services.
- Link to their active health plan websites.
- View their annual anniversary health plan enrollment date and link to the annual enrollment change website.
- Verify if AHCCCS has their correct address.

How do I Register for MyAHCCCS Online?

Signing up is quick and easy... Log onto AHCCCS' web site www.azahcccs.gov click on the MyAHCCCS link.

1. We will ask you to enter an AHCCCS ID number and Date of Birth, or Social Security Number and Date of Birth.
2. You will create a user name and password.
3. You will use your user name and password to sign in and use Membership Verification Online.

Please do not share your username and password!

1. You can view all approved members in your case with one registered account,

   -OR-

2. You can register each member in your case separately.

Members approved through different eligibility offices, such as a Social Security and DES, must register separate accounts to view their information.

State Roster

The ADHS Administrative Counsel's Office determined that HIPAA does not authorize disclosure of the State Roster to providers. While a provider could argue that access is related to treatment/payment for a specific member, the vast majority of Protected Health Information (PHI) that is being disclosed belongs to clients who will never see the provider accessing the State Roster information. Because access allows disclosure of the PHI of the other eligible members, the provider would have to obtain authorization from all of the eligible members before the information can be disclosed. For these reasons, the disclosure of the State Roster information to RBHA providers is a HIPAA violation. It is ADHS/DBHS's position that the RBHAs cannot provide the State Roster to their providers.

ADHS Encourages Electronic Claims

ADHS requests all ADHS contractors to encourage their providers to submit HIPAA-compliant 837 electronic claims. The benefits of electronic claim submissions include faster claims processing, and more cost efficiency than manual data entry.

Security IDs for All DBHS Secure Systems

Any person needing access to the PMMIS system must submit the required paperwork and use the individual ID assigned from AHCCCS Data Security during the registration process. Under no circumstance should there be any "sharing" of user names and/or passwords. Currently, there is no limit (within reason) on the number of users available to the sites; individual providers are not authorized access to PMMIS through the Division.

The Compliance Division, Contracts Development Office must authorize all requests for access to CIS, Office of Human Rights, Office of Grievance and Appeals, Issue Resolution System and PMMIS (AHCCCS) databases. In order to obtain access to any of these databases, please fax or mail a copy of the appropriate User Access Request Form, User Affirmation Statement, or Confidentiality Agreement to Stacy Mobbs at (602) 364-4762.

If you have any questions, please contact Stacy Mobbs by telephone at (602) 364-4670 or by e-mail at Stacy.Mobbs@azdhs.gov .

Office of Program Integrity

If you need assistance or to report an incident of suspected fraud, waste and/or abuse, please contact us at:

Tim Stanley	Chief	(602) 364-4781 stanleti@azdhs.gov
Bobby Rivera	Manager	(602) 364-4702 riveraro@azdhs.gov
Sandra Reyes	Investigative Analyst	(602) 364-4426 reyess@azdhs.gov
Stephanie Ortiz	Admin	(602) 364-4437 ortizs@azdhs.gov

If you wish to remain anonymous, you may make a report through our Fraud and Abuse Hotline at (602) 364-3758 (locally) or 1-866-569-4927 (toll free).

If you prefer, you may write to:

Mr. Tim Stanley
Chief, Bureau of Audit Standards
Arizona Department of Health Services
Office of the Deputy Director
150 N. 18th Avenue, Suite 280
Phoenix, Arizona 85007

Or email us at:

ReportFraud@azdhs.gov

All reports are kept confidential and may be reported to other agencies.

DES Contact Number

For any changes in member enrollment (i.e., name changes, demographic changes) contact:

DES Communications Center
Maricopa County: (602) 542-9935
Statewide: (800) 352-8401

2009 ADHS/DBHS Holiday Schedule

The ADHS/DBHS office will be closed on the following days this year.

- Thursday, January 1
- Monday, January 19
- Monday, February 16
- Monday, May 25
- Friday, July 3
- Monday, September 7
- Monday, October 12
- Wednesday, November 11
- Thursday, November 26
- Friday, December 25

The ADHS/DBHS office will be closed Thursday, January 1 and Monday, January 19.

Happy New Year!